

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORKFRANK GILLIARD 14-A-5535 No 4488692-KRECEIVED
SDNY PRO SE OFFICE

2015 MAY 27 A 9:52

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

THE CITY OF NEW YORK ANDSERGEANT MICHAEL LAVECCHIA AT HOUSINGBUREAU, PSA#9, 155-09 JEWEL AVENUE, FLUSHINGNEW YORK, 11365, OFFICER JUSTIN PARRIS ANDOFFICER EDGARDO CLASSES AT THE 40th PREC-INCT LOCATED AT 257 ALEXANDER AVENUE DUR-ING THE 3:00 to 11:00 ShiftAMENDED
COMPLAINTunder the Civil Rights Act,
42 U.S.C. § 1983Jury Trial: ☐ Yes ☐ No
(check one)14 Civ. 4729 (JPQ)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

USDC SDNY
DOCUMENT
ELECTRONICALLY FILED
DOC#DATE FILED: 5/27/2015

I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff's

Name FRANK GILLIARDID# 14-A-5535 #No 4488692-KCurrent Institution COXSACKIEAddress COXSACKIE CORR FACILITY P.O. BOX-999COXSACKIE NEW YORK 12051-0999

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name THE CITY OF NEW YORK

Shield # _____

Where Currently Employed _____

Address _____

Defendant No. 2 Name **SERGEANT MICHAEL LAVECCHIA** Shield # **2339**
 Where Currently Employed **HOUSING BUREAU PSA#9**
 Address **155-09 JEWEL AVENUE FLUSHING NEW YORK**
11365.

Defendant No. 3 Name **OFFICER JUSTIN PARRIS** Shield # **22965**
 Where Currently Employed **40th PRECINCT**
 Address **LOCATED AT 257 ALEXANDER AVENUE**
DURING THE 3;00 to 11;00 p.m

Who did
what?

Defendant No. 4 Name **OFFICER EDGARDO CLASSES** Shield # **17447**
 Where Currently Employed **40th PRECINCT**
 Address **LOCATED AT 257 ALEXANDER AVENUE**
DURING THE 3;00 to 11;00 p.m

Defendant No. 5 Name _____ Shield # _____
 Where Currently Employed _____
 Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

- A. In what institution did the events giving rise to your claim(s) occur?
On 138 Street and Willis Avenue located in the area
of the 40th Precinct.
- B. Where in the institution did the events giving rise to your claim(s) occur?
40th Precinct located at 257 Alexander Avenue.
- C. What date and approximate time did the events giving rise to your claim(s) occur?
On October 26, 2011 at 10;00 p.m on Willis Avenue.

- D. Facts: **I was going home to 225 and Willis Avenue and was stopped by two uniform officers at the corner of 138 Street and one of the officer ask me can he have a word with me and I**

What
happened
to you?

said yes and that when Officer JUSTIN PARRIS came around the corner and said to his partner Officer EDGARDO CLASSES put the handcuffs on him and placed in custody. They took me to the 40th Precinct that was Sergeant MICHAEL LAVECCHIA clerh my in the book and I was there unlawful Arrested and Stripped Searched Figned Printed photographed. I was never asked one question no one was involved in this incident and never put in a lins-up never made a phone call to my Attorney so my right was Violated of my due process. And I was charges for a Robbery 160.10 2)160.10 3)160.05 4)155.30 5)120.00 6)155.25 7)165.40 8)P.L 24026 (1).

Was
anyone
else
involved?

Who else
saw what
happened?

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I claim for Physical emotioal mental and Psycnolgioal Pain and Suffering enbarrassment and humiliation sustained by claimant as a result of intentional, reckless and/or negligent conduot by agents, servants and employees of the City of New York. The claimant was falsely arrested and inprisoned and subjected to illegal search and seizure, malicious prosecution Violations of his right to due process, retaliation for prot-acted First Amendment activity, and his civil right were Viola-ted U.S. Const. Amend. I, IV & XIV, N.Y. Const Art. 1, § 12.

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes _____ No xx

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes ____ No ____ Do Not Know ____

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes ____ No ____ Do Not Know ____

If YES, which claim(s)?

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes ____ No ____

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes ____ No ____

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

1. Which claim(s) in this complaint did you grieve?

2. What was the result, if any?

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

Not a Grievance issue.

2. If you did not file a grievance but informed any officials of your claim, state who you informed, when and how, and their response, if any:

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). **Pain and Suffering Mehtal anguish. Loss of Social Security income, Slander and Defamation of my name and Loss Relationship Because of the time I spent in prison for a Crime I did not cammit for(17 Months)me and my Family had to handed so I asked the Court a justified compensation for the amount of \$2.500,000,00 Mill) And all chages I get a Acquitted by a Jury on March 21,2013.**

On
these
claims

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No **XX**

B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes _____ No _____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

On
other
claims

C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes _____ No **XX**

D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____
If NO, give the approximate date of disposition _____
7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

I declare under penalty of perjury that the foregoing is true and correct.

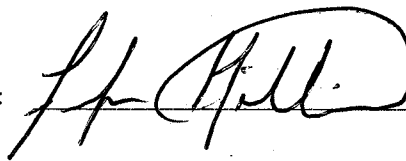
Signed this 18 day of May, 2015

Signature of Plaintiff	<u>FRANK GILLIARD</u>
Inmate Number	<u>14-A-5535 #No 4488692-K</u>
Institution Address	<u>COXSACKIE CORR FACILITY</u>
	<u>P.O BOX-999</u>
	<u>COXSACKIE NEW YORK 12051</u>

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 18 day of May, 2015 I am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: _____



FRANK GILBERT 14-A-5535 #NO 4488692-K
COXSACKIE CORRECTIONAL FACILITY
P.O. BOX 999
COXSACKIE NEW YORK 12051-0999



PRO SE OFFICE
UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK
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NEW YORK NEW YORK 10007-

USM
SDNY